

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED
APR 2 4 2019

I. Name of Lobbyist(s) Savannah Ke	lleher		NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's partnership, fir	m or corporation, if a	ny:	THE INT OF STA
Tremont Strategies Group			
(Name of partnership, fir	m or corporation)	·	<u> </u>
One Beacon Street, Suite 16300	Boston	MA	02108
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(617) 236-5830	()	e-mail gomes@tre	emontstrategies.com
(Telephone)	(Fax)	
III. This statement covers: (Choose on reportable expense transactions which			y file a separate report for
All reportable transactions occurring	in the months prior to	the reporting date relative to the	following client:
Clivus New England			
	ent as it appears on the Lo	bbyist Registration Form)	
<u>OR</u>			
 All reportable transactions by the lobbunnelated to any particular client. 	byist (including the lob	byist's family), or the lobbying	firm listed below which are
IV. Date of Report April 24, 2019 Reports cover: activity from date of regi		July 31, 2019 activity from 4/1/19 to 6/30/19	
October 30, 201 activity from 7/1/19	19 🛘	January 29, 2020 activity from 10/1/19 to 12/31/1	19
V. There have been no fees receive If this box is checked, complete just this j Concord, NH 03301.			
VI. Check if additional reports are att	ached:		
If you have received fees or made ex	•	ile Addendum A- Fees and Ex	penses
If you have paid an honorarium or re Expense Reimbursement	eimbursed expenses, yo	ou must file Addendum B- Rep	ort of Honorariums or
☐ If you, your firm, or your family has	made political contrib	utions, you must file Addendur	n C- Political Contributions
Sworn Statement/Affirmation by Lobl I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowledg	-C and RSA 664 and h	ereby swear or affirm that the fo	pregoing information is true
Savannah Kelleher		April 24, 2019	
(Signature of lobbyist)		(Date)
Savannah Kelleher			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation	1: Tremont Strategies Group
Name of Client (leave blank if Statement is for the	partnership, firm, or corporation and not related to any
particular client): Clivus New England	
Date of Report (check one):	
April 24, 2019 🖾 July 31, 2019 □ Oc	tober 30, 2019 □ January 29, 2020 □
	atement of Income and Expenses described above, and atement (insert the number of Addendum forms being
O Addendum A(s).	
O Addendum B(s).	
O Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	ation on the Statement and each Addendum is true and
Savannah Kelleher	April 24, 2019
(Signature of lobbyist)	(Date)
Savannah Kelleher	_
(Print Name of lobbyist)	